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APPLICANTS

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** CONTINUING DATA ***** *add*

This application is a CIP of 09/129,863 08/06/1998 PAT 6,154,735
 which is a DIV of 08/787,168 01/23/1997 PAT 5,794,172
 which is a DIV of 08/299,271 09/01/1994 PAT 5,623,413

** FOREIGN APPLICATIONS ***** *add*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 13	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

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TITLE

COST REACTIVE SCHEDULER AND METHOD

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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